

<p style="text-align: center;"><i>OFFICE USE ONLY</i> APPROVAL:</p> <p style="text-align: center;">Montana State Veterinarian</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Bordering State Veterinarian</p> <p style="text-align: center;">_____</p>	<p>STATE OF MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION PO BOX 202001 HELENA, MT 59620-2001 TELEPHONE: (406) 444-2043 FAX: (406) 444-1929</p> 	<p style="text-align: center;"><i>OFFICE USE ONLY</i> REFERENCE NUMBER</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">This Approval Expires</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">CVI Numbers</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>
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SEASONAL GRAZING PERMIT

1. Please Check One

- ☐ Cross-Border Grazing Permit
 ☐ Commuter Grazing Permit

2. Pasture Movement between states

Seasonal Grazing Permit to allow the pasture to pasture movement of cattle between the State(s) of _____ and Montana in accordance with 9 CFR Part 7893(3)(iii). This permit is valid for one grazing season only.

3. Contact Information

Name	Ranch:
Address:	City / State / Zip:
Telephone:	Fax:

4. Origin / Present Location of Livestock

Ranch:	Ranch:
County:	County:
State:	State:
Miles: (N/S/E/W):	Miles: (N/S/E/W):
of City, State:	of City, State:

5. Destination of Livestock

6. Grazing Dates: *Grazing time not to exceed nine months. This permit is restricted to the above described premises.*

From:	To:
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7. List all Contact Herds in *Montana*. Code each listed herd accordingly: [C] = across the fence contact; [M] = intermixing livestock

Code:	Name:	Address:	Phone Number:
Code:	Name:	Address:	Phone Number:
Code:	Name:	Address:	Phone Number:
Code:	Name:	Address:	Phone Number:

8. List all Contact Herds in *Other State(s)*. Code each listed herd accordingly: [C] = across the fence contact; [M] = intermixing livestock

Code:	Name:	Address:	Phone Number:
Code:	Name:	Address:	Phone Number:
Code:	Name:	Address:	Phone Number:
Code:	Name:	Address:	Phone Number:

FOR OFFICE USE ONLY – Other Conditions of Movement

1.

2.

3.

4.

OWNER CERTIFICATION

Montana Code Annotated 81-2-107. Duty to report contagious diseases. A person, including the owner or custodian, who has reason to suspect the existence of a dangerous, infectious, contagious, or communicable disease in livestock or the presence of animals exposed to the disease in this state shall immediately give notice to the Department. (*Montana State Veterinarian's Office – 406-444-2043*).

All female cattle of vaccination eligible age (4 months of age and older) that return as non-vaccinates and are not accompanied by their dam shall be quarantined on arrival in Montana for vaccination or spaying. Heifers shall be vaccinated or spayed within thirty days after arrival in Montana. Heifers less than 4 months of age that return to Montana without their dams will be quarantined upon arrival in Montana and must be vaccinated or spayed within six months after arrival in Montana.

9. Classification: A seasonal grazing permit is requested for the following animals (Check one):

☐ Beef ☐ Dairy ☐ Other: _____ ☐ Predominant Breed: _____

10. List the total number of each that may go:

Adult Females:	Adult Males:	Yearling Heifers:	Yearling Steers:
Calves:	Adult Bulls:	Virgin Bulls:	Horses:

- Trichomoniasis Test Status/Results: Please attach a separate test form individually identifying all adult bulls, their ages, test dates and test results and/or the virgin bull statement sent with this application
- Horse identification and EIA Test Result: Please attach a separate sheet individually identifying all horses, their test dates and results, color, sex, age, markings and brands

11. I certify that this is an established herd and the above listed animals bear the following brand(s):

Draw brand and indicate location:	Draw brand and indicate location:	Draw brand and indicate location:

12. I certify that all female cattle of vaccination eligible age, are official Brucellosis vaccinates and I have had my veterinarian vaccinate or examine to verify the Brucellosis vaccination status.

I have practiced this program for approximately _____ years as part of a normal ranching operation and request the State Veterinarian of Montana and _____ to approve of this Seasonal Grazing Permit.

Signature of Owner: _____

VETERINARY CERTIFICATION

TO BE COMPLETED BY VETERINARIAN

1.	I have served the above owner for approximately _____ years. I have no reason to believe this hers would jeopardize the health status of any livestock in Montana or _____.		
2.	Additionally, I hereby certify that all female cattle 4 months of age and over are official Brucellosis vaccinates (OCV) with a legible tattoo and that I have either vaccinated or examined all individual animals to verify Brucellosis vaccination status.		
3.	Signature of Veterinarian: _____		
4.	Veterinarian's Name:	Phone: _____	
	Address:	City / State:	Zip: _____

PERMIT NUMBERS
(406) 444-2976
